First Lutheran Early Education Center

Child Enrollment Form

Child's Name(First, Middle, Last):	Sex:	DOB:
Address(street, city, state, zip):	Home Telephone Number: ( )	

Type of Care

☐ Full time	☐ Part Time Days Requested:
☐ Preschool with extended care ☐ Pre-Kindergarten with extended care ☐ Summer program	

Parents or Guardians

Mother's Name:	DOB:	Home Telephone Number: ( )
Address(street, city, state, zip):		
Employer:		Hours of Employment: From: To:
Address(street, city, state, zip):		Work Phone:
Email Address:		Cell Phone:
Father's Name:	DOB:	Home Telephone Number: ( )
Address(street, city, state, zip):		
Employer:		Hours of Employment: From: To:
Address(street, city, state, zip):		Work Phone:
Email Address:		Cell Phone:

Emergency Contacts (other than parent/guardian)

Name:	Telephone Number(s):
Address(street, city, state, zip):	Relationship to child:

Name:	Telephone Number(s):
Address(street, city, state, zip):	Relationship to child:

Child's Physician

Name:	Telephone:
Address(street, city, state, zip):	

Child's Dentist

Name:	Telephone:
Address(street, city, state, zip):	

Background

☐ Native American or Alaska Native	☐ Asian
☐ African American	☐ Hispanic/Latino
☐ Caucasian	☐ Native Hawaiian/Pacific Islander
☐ Inter Racial	☐ Other
This information is collected for demographic data only.	

Child's Health History & Current Health Problems

Any allergies, special medical conditions(including chronic health issues):

Comments on Child's Development

(Note habits, special language, etc)

Important Background Information about Your Child

Please include your child's previous child care experience(s).

Parent/Guardian Signature

	Date: